MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6349

CERTIFICATE OF DEATH

Reg. Dist. No. 105

M

1. PLACE OF DEATH: COUNTY Charles MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) La Plata Rock Point MD

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Phy C Mem

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Point Md

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Cecilia (Middle) (Last) BOARMAN

4. DATE OF DEATH: (Month) 6 (Day) 3 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify): married

8. DATE OF BIRTH: Sept 15 1917

9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Her Family

11. BIRTHPLACE (State or foreign country): Rock Point Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Shorter

14. MOTHER'S MAIDEN NAME: Ida Narris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY No.: NO

17. INFORMANT & ADDRESS: John Shorter Rock Point Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Post partem Eclampsia — INTERVAL BETWEEN ONSET AND DEATH 6-3-52

685 X

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-2, 1951, to 6-3, 1952, that I last saw the deceased alive on 6-3, 1952, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE E B Edelen (DEGREE OR TITLE) M.D. ADDRESS La Plata Md DATE SIGNED 6-5-52

23. BURIAL, ~~CREMATION REMOVAL~~ (Specify): DATE THEREOF 6-6-52 NAME OF CEMETERY OR CREMATORY Holy Shroud LOCATION (City, town, or county) Lasul (State) Md

DATE REC'D BY LOCAL REG. 6-5-52 REGISTRAR'S SIGNATURE M. L. Moore

24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf Md

VS A15 8-51

T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 16 1952
BUREAU V. S.
COPY SENT TO LOCAL REGISTRAR No. CHO DATE 6/6/52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06350

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benedict
LENGTH OF STAY (in this place) 1 week.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X X X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 1516 - Delmont Lane
STREET ADDRESS (If rural, give location) Takoma Park

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Hall (Last) Campbell
4. DATE OF DEATH (Month) June (Day) 20 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 8/27/1873
9. AGE last birthday 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Naval Gun Factory
11. BIRTHPLACE (State or foreign country) D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert Hall Campbell
14. MOTHER'S MAIDEN NAME Sarah Elizabeth Tabbott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. 578-12-6618
17. INFORMANT AND ADDRESS Sarah Elizabeth Tabbott Saludia Viola Lynch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

331X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at Found 8:30 A. m., from the causes and on the date stated above.

SIGNATURE George Hm Rector, Md (Degree or title) ADDRESS Aquasco, Md. DATE SIGNED 6/20/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/23/1952
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. 6-20-52
REGISTRAR'S SIGNATURE M. L. Monroe
24. FUNERAL DIRECTOR W. W. Chambers Co ADDRESS 517-11th St S.E.

6-23-52 Julia H. Posey Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS

Mr Campbell found dead in bed. Has been under Dr Lee's care in D.C. Permission to issue certificate granted by Dr E. Ehlen, Coroner for Charles Co.

S H Shelton, M.D.

RECEIVED
JUN 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 106 — 16351

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): La Plata
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Phys Mem Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) DRA H (Last) CHAPMAN

4. DATE OF DEATH: (Month) 6 (Day) 17 (Year) 19 5 2

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 7-19-68

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Charles Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Marshall Chapman

14. MOTHER'S MAIDEN NAME: Ellen Stockett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Hendler Chapman, La Plata, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Congestive Heart Failure	6-5-52
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertensive Heart Disease	1949
	DUE TO (c)		

4437

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-5-52, 19.., to 6-17-52, 19.., that I last saw the deceased alive on 6-16-52, 19.., and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE E. Hendler M.D. (DEGREE OR TITLE) ADDRESS La Plata Md DATE SIGNED 6-17-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial 6/19/52 — DATE THEREOF: 6/19/52 — NAME OF CEMETERY OR CREMATORY: Mt. Rest. — LOCATION (City, town, or county) (State): La Plata, Md

DATE RECD BY LOCAL REG. 6/19/52 — REGISTRAR'S SIGNATURE: Julia H. Posey

24. FUNERAL DIRECTOR: Hewitt & Ryon, ADDRESS: Waldorf, Md.

RECEIVED
JUN 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 06352 100

M

1

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Charles MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Phyc Mem Hospt

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville Md

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) (Last) Chappalear

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: Sept 4-1874

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Her Home

11. BIRTHPLACE (State or foreign country): Charles Co

12. CITIZEN OF WHAT COUNTRY: Ms.

13. FATHER'S NAME: Samuel Cox

14. MOTHER'S MAIDEN NAME: Ellen Magruder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: M

17. INFORMANT & ADDRESS: John R. Neale 4307 Rosedale ave Bethesda Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral vascular accident, (hemorrhage)	3 hrs.
331X Antecedent cause(s)	DUE TO (b)	Essential hypertension	4 years.
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	Cirrhosis of liver, alcoholic.	1 year.
(581.1)			

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 June, 1952, to 10 June, 1952, that I last saw the deceased alive on 10 June, 1952, and that death occurred at 5.30 EST p.m., from the causes and on the date stated above.

SIGNATURE S B Woodley (DEGREE OR TITLE) MD ADDRESS La Plata. Md. DATE SIGNED 10 June 52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): DATE THEREOF 6-13-52 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REG. 6/12/52 REGISTRAR'S SIGNATURE Julia F. Pasey

24. FUNERAL DIRECTOR Hunt & Ryan ADDRESS Waldorf Md

RECEIVED
JUN 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06353

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY CHARLES MARYLAND
CITY (If outside corporato limits, write RURAL OR and give nearest town) TOWN HUGHESVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HUGHESVILLE
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (First) ELIZABETH (Middle) MARION (Last) COLLISON
4. DATE OF DEATH: (Month) JUNE (Day) 16 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: 3-14-1869
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): St. Mary's Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James C. Collison
14. MOTHER'S MAIDEN NAME: Elizabeth A. Hammett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Julia A. Collison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure — Arteriosclerotic Heart Disease due to	10 days
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalized Arteriosclerosis due to	10 years
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) —
(COUNTY) —
(STATE) —

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ~~September~~ 19~~48~~, to June 16, 1952, that I last saw the deceased alive on June 16, 1952, and that death occurred at 10:15 p.m. EST, from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
John H. Griffin M.D. Hughesville 6/17/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 6/19/52
NAME OF CEMETERY OR CREMATORY St. Mary's
LOCATION (City, town, or county) (State) Bryantown, Md.

DATE REC'D BY LOCAL REG. 6/19/52
REGISTRAR'S SIGNATURE Julia H Posey
24. FUNERAL DIRECTOR ADDRESS Hewitt & Ryon, Waldorf, Md.

VS-A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Port Tobacco
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Tobacco Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CONNY (Middle) Lee (Last) COMPTON
4. DATE OF DEATH (Month) 6 (Day) 24 (Year) 1952

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 11-19-50
9. AGE-last birthday 1 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) D.C.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Eugene R Compton
14. MOTHER'S MAIDEN NAME Shirley Ryon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning 6-24-52

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fell out of boat in 2 ft water 6-24-52

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Pt. Tobacco Creek (CITY OR TOWN) Pt Tobacco (COUNTY) Chas (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. Hedelen (Degree or title) M.D. ADDRESS Lakeland Md DATE SIGNED 6-24-52

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 6/25/52 NAME OF CEMETERY OR CREMATORY Oakland LOCATION (City, town, or county) Waldorf (State) Md

DATE REC'D BY LOCAL REG. 6-25-52 REGISTRAR'S SIGNATURE M. L. Monroe
24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf Md

6-26-52 Julia H Casey

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
JUN 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS (A) 8-51

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hallant Green, Md.
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hallant Green, Md
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) Barbara (Middle) — (Last) Hartmann

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 2, 1867

9. AGE last Birthday: 84 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Philip Brudger

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Romia Keller, Hallant Green, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute Congestive Cardiac Decompensation due to	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalized Arteriosclerosis due to	10 years
	(c) Essential Hypertension	5 years

4209

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME (Month) (Day) (Year) (Hour) OF INJURY — — — — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from January, 1948, to 6/23, 1952, that I last saw the deceased alive on 6/22, 1952, and that death occurred at 1:2 (EST) noon, from the causes and on the date stated above.

SIGNATURE John H. Griffin (DEGREE OR TITLE) M.D. ADDRESS Hughesville, Md. DATE SIGNED 6/24/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 6/25/52

NAME OF CEMETERY OR CREMATORY St. Marys

LOCATION (City, town, or county) (State) Byantown, Md.

DATE REC'D BY LOCAL REG. 6/24/52

REGISTRAR'S SIGNATURE Julia H. Posey

24. FUNERAL DIRECTOR Hunt & Ryon, Waldorf Md. ADDRESS —

RECEIVED
JUN 26 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00356

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY CHARLES MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HUGHESVILLE — LENGTH OF STAY (in this place) LIFE	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HUGHESVILLE
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) MAMIE	(Middle) MAY	(Last) ISTVAN	4. DATE OF DEATH	(Month) JUNE	(Day) 29	(Year) 1952
5. SEX FEMALE	6. COLOR OR RACE US-WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH NOVEMBER 3, 1896	9. AGE last birthday 55 yrs.	If under Months	1 year Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home wife	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME FRED BUCKLER	14. MOTHER'S MAIDEN NAME ROSE BASSFORD.						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) —	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS JOSEPH ISTVAN: HUGHESVILLE, MD.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ACUTE CORONARY THROMBOSIS	5 HOURS
131.0 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Heat Exhaustion	12 hours
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home	(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) 1/21 — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from January, 1948, to June, 1952, that I last saw the deceased alive on June 28, 1952, and that death occurred at 3:30 A.M. EST, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John H. Griffin	M.D.	Hughesville, Md.	6/29/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/2/52	St. Marys	Bryantown, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/1/52	Julia H. Posey	Huntt & Ryan	Waldorf, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 3 1952
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Popes Creek
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. VA. COUNTY Jeffers
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charles Town
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ernest (Middle) Mercer (Last) Jones
4. DATE OF DEATH (Month) June (Day) 15 (Year) 1952
5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 6-4-1922
9. AGE last birthday 30 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist Airplane factory
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) HARPERS FERRY, VA
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Ernest D. Jones
14. MOTHER'S MAIDEN NAME Elsie Link
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY No. 236-22-5458
17. INFORMANT AND ADDRESS Douglas L. Currier

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Compound fracture of skull, both legs and chest — 6-15-52

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Riding motorcycle when hit by auto — 6-15-52

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway
(CITY OR TOWN) Popes Creek (COUNTY) Chas (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 6-15-52 4 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? While riding motorcycle he was hit by auto

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X, suicide , homicide , undetermined*

SIGNATURE C. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md. DATE SIGNED 6-16-52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 6-18-52
NAME OF CEMETERY OR CREMATORY St. James
LOCATION (City, town, or county) (State) Avilla, West Va.
DATE REC'D BY LOCAL REG. 6/16/52
REGISTRAR'S SIGNATURE Julia H Pasey
24. FUNERAL DIRECTOR Hunt & Ryon, ADDRESS Waldorf, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Roy (Middle) (Last) Jones

4. DATE OF DEATH: (Month) (Day) (Year) June 25 1952

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: June 8, 1887
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Tenant
11. BIRTHPLACE (State or foreign country): Winston-Salem, N.C.
12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO.: 212-14-1693
17. INFORMANT & ADDRESS: Louise Jones, Waldorf, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hemorrhage — Interval Between Onset and Death: 6-25-52
178X
Antecedent cause(s) DUE TO (b) C. A. Testicle — ?
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-26-52, 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE C. J. Edelen (DEGREE OR TITLE) R.J. ADDRESS La Plata Md. DATE SIGNED 6-26-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 6/28/1952
NAME OF CEMETERY OR CREMATORY St. Peters
LOCATION (City, town, or county) (State) Waldorf Md

DATE REC'D BY LOCAL REG. 6/27/52
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Huntt & Ryan, ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16 8-51

RECEIVED
JUN 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH- COUNTY: Charles. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pomonkey — LENGTH OF STAY (in this place): 7 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pomonkey
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —	STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)	(First) Joseph	(Middle) Leon	(Last) King	4. DATE OF DEATH	(Month) June (Day) 15 (Year) 1952
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: Jan 17, 1935	9. AGE last birthday: 17 yrs.	If under 1 year: Months. Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student	10b. KIND OF BUSINESS OR INDUSTRY: —	11. BIRTHPLACE (State or foreign country): Washington, D.C.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: James A. King	14. MOTHER'S MAIDEN NAME: Enolia Slater (Marshall)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: —	17. INFORMANT AND ADDRESS: Mrs. Vivian Marshall			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Uremia c̄ terminal convulsions	1 day
Antecedent cause(s) (b)	Chronic Glomerulonephritis	1 yr.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Lues, congenital	17 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to 6/15, 1952 that I last saw the deceased alive on 6/13, 1952, and that death occurred at 805p m., from the causes and on the date stated above.

SIGNATURE: Frank G. Susan M.D. (Degree or title) ADDRESS: Indian Head, Md DATE SIGNED: 6-15-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 6-19-52	NAME OF CEMETERY OR CREMATORY: Metropolitan M.E. Church	LOCATION (City, town, or county) (State): Pomonkey, Md
DATE REC'D BY LOCAL REG.: 6-15-52	REGISTRAR'S SIGNATURE: Mayme E. Ransome	24. FUNERAL DIRECTOR: Barnes & Mathews	ADDRESS: Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

RECEIVED
JUL 8
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) La Plata Rt 2 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phys Mem. Hosp — La Plata Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) VIRGINIA (Last) MATTHEWS

4. DATE OF DEATH: (Month) 6 (Day) 3 (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Jan 24-1908

9. AGE last birthday: 44 yrs.
IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Her Family

11. BIRTHPLACE (State or foreign country): Griffin Ga.

12. CITIZEN OF WHAT COUNTRY: US

13. FATHER'S NAME: S Homer Wilson

14. MOTHER'S MAIDEN NAME: Mary Virginia Pritchard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: Bruce Matthews Husband La Plata md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cancer of Pancreas — INTERVAL BETWEEN ONSET AND DEATH 3-10-51

157X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10, 1951, to 6-3, 1952, that I last saw the deceased alive on 6-3, 1952, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE E. J. Adelen (DEGREE OR TITLE) M.D. ADDRESS La Plata Md DATE SIGNED 6-5-52

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF June 5-52 — NAME OF CEMETERY OR CREMATORY Mt Rest — LOCATION (City, town, or county) La Plata (State) Md

DATE REC'D BY LOCAL REG. 6-5-52 — REGISTRAR'S SIGNATURE M L Moore

24. FUNERAL DIRECTOR Smith & Ryon — ADDRESS Waldorf md

COPY SENT TO LOCAL REGISTRAR No. CH0

RECEIVED
DATE JUN 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 102

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomfret Piscat
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Pomfret~~ Piscat
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Daisey (Middle) E (Last) Mattingly

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: 9-5-1898

9. AGE last birthday: 53 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Welch

14. MOTHER'S MAIDEN NAME: Mary Muller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Lewell Mattingly - ~~Pomfret~~ Piscat MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — Interval between onset and death:

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Hypertensive Arteriosclerotic Heart Disease — 10 min.

DUE TO

(c)

420D

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~Dec.~~ 1951, to ~~June~~ 1952; that I last saw the deceased alive on ~~June~~ 10, 1952, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Richard T. Daly, M.D. ADDRESS La Plata, Md. DATE SIGNED June 12, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 6/13/52 — NAME OF CEMETERY OR CREMATORY St. Ignatius — LOCATION (City, town, or county) (State) Hughesville Md

DATE REC'D BY LOCAL REG. 6/12/52 — REGISTRAR'S SIGNATURE Julia H. Casey

24. FUNERAL DIRECTOR Hewitt & Ryon, Waldorf Md — ADDRESS

RECEIVED
JUN 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 425 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN White Plains
LENGTH OF STAY (in this place)
HOSPITAL OF INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) THOMAS (Last) Miles

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 19 52

5. SEX: M

6. COLOR OR RACE: Colored.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 12-3-1877

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Miles

14. MOTHER'S MAIDEN NAME: Lucy Ann Plowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Nu (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Marjorie Miles, White Plains, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (Final disease or condition resulting in death)	(a) Cerebral Vascular accident	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Senile arteriosclerosis	5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 51, to 21 Jun., 19 52, that I last saw the deceased alive on 21 Jun., 19 52, and that death occurred at 7:50 P.M., from the causes and on the date stated above.

SIGNATURE A. Woodall (DEGREE OR TITLE) MD ADDRESS La Plata. Md. DATE SIGNED 21 Jun 52.

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF 6/24/52 — NAME OF CEMETERY OR CREMATORY St. Josephs — LOCATION (City, town, or county) (State) Pomfret MD.

DATE REC'D BY LOCAL REG. 6/24/52 — REGISTRAR'S SIGNATURE Julia H. Posey

24. FUNERAL DIRECTOR Hunt & Ryon, Waldorf, Md — ADDRESS

RECEIVED
JUN 26 1952
BUREAU V. S.

56363

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rison — LENGTH OF STAY (In this place): 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rison
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Marion (Middle) Adelaide (Last) Milstead.
4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: January 11, 1871
9. AGE last birthday: 81 yrs. — If under Months, I year Days, If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ironsides, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Rufus Davis
14. MOTHER'S MAIDEN NAME: Mary E. Barker.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Nora Isabel Monroe, Doncaster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Embolism — Immed.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease — 3-4 yrs

(260.4) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 15 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 30, 1952, to June 15, 1952, that I last saw the deceased alive on 6-2, 1952, and that death occurred at 1504 m., from the causes and on the date stated above.

SIGNATURE: Frank G. Susan L.D. (Degree or title) — ADDRESS: Indian Head, Md. — DATE SIGNED: 6-16-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6-18-52 — NAME OF CEMETERY OR CREMATORY: Chicamuxen Methodist — LOCATION (City, town, or county) (State): Chicamuxen, Md.

DATE REC'D BY LOCAL REG.: 6/18/52 — REGISTRAR'S SIGNATURE: Mary Smithwood — 24. FUNERAL DIRECTOR: Hunt & Ryan, Waldorf, Md. — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 24 1952
BUREAU V. S.

06348

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~105~~ 106

1. PLACE OF DEATH: COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS None (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) George Lee	(Middle)	(Last) Walker	4. DATE OF DEATH	(Month) 6	(Day) 24	(Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 11-27-01	9. AGE last birthday 51 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Worker	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (State or foreign country) Great Falls, Va.	12. CITIZEN OF WHAT COUNTRY? US.				
13. FATHER'S NAME George C. Walker	14. MOTHER'S MAIDEN NAME Mary E. Gibson						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 578-01-1244	17. INFORMANT AND ADDRESS Calvin Lee Walker (Son)					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Immediate
421.4 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Valvular Heart Disease with Hypertension	Indefinite
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-24-52, 19....., to 6-24-52, 19....., that I last saw the deceased alive on 6-24-52, 19....., and that death occurred at 6-45 A.m., from the causes and on the date stated above.

SIGNATURE James E. Andrews (Degree or title) ADDRESS Indian Head Md DATE SIGNED 6-24-52

James E. Andrews M D

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE 6-27-52	NAME OF CEMETERY OR CREMATORY Cedar Hill	LOCATION (City, town, or county) Lusland (State) Md
DATE REC'D BY LOCAL REG. 6-25-52	REGISTRAR'S SIGNATURE M. L. Moore	24. FUNERAL DIRECTOR Hunt & Ryan	ADDRESS Waldorf Md

7-18-52 Mrs. Odey Price

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 18 1952
BUREAU W. S.